

Name  
in  
Full

James H. Allaire

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

MARYLAND

Date of death 1906 Nov. 23

Age 71

Months Days

Sex Male

Color or Race White

Birth-place New Jersey

Occupation Farmer

Where Residing if not at place of death near Cambridge

Married, Single or Widowed Married

Name of Wife or Husband Sarah A. Allaire

Father's Name Alexander B. Allaire

Father's Birthplace N. Y.

Mother's Maiden Name Mariah Paulman

Mother's Birthplace New York

Name of person giving information Sarah A. Allaire

How related to deceased Wife

## CAUSES OF DEATH

Primary Arterio-sclerosis

(64)

How long Don't know

Immediate Apoplexy

How long

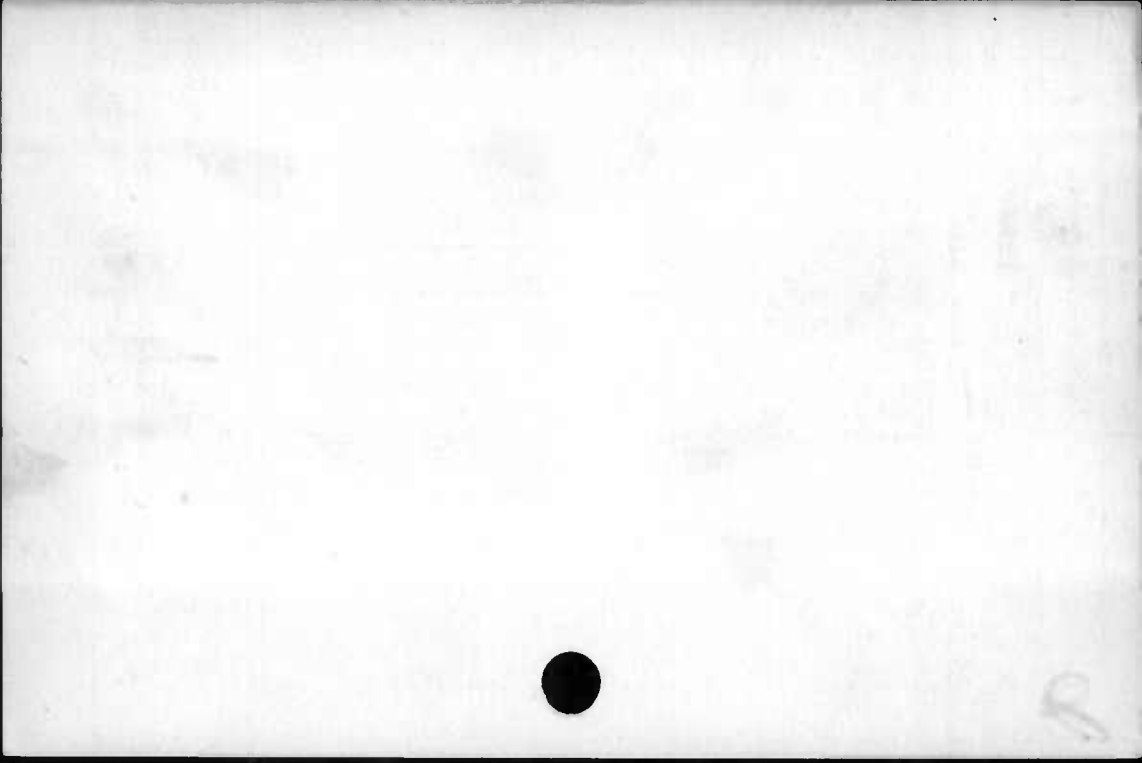
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Webb

Address Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William F. Anthony

## CERTIFICATE OF DEATH

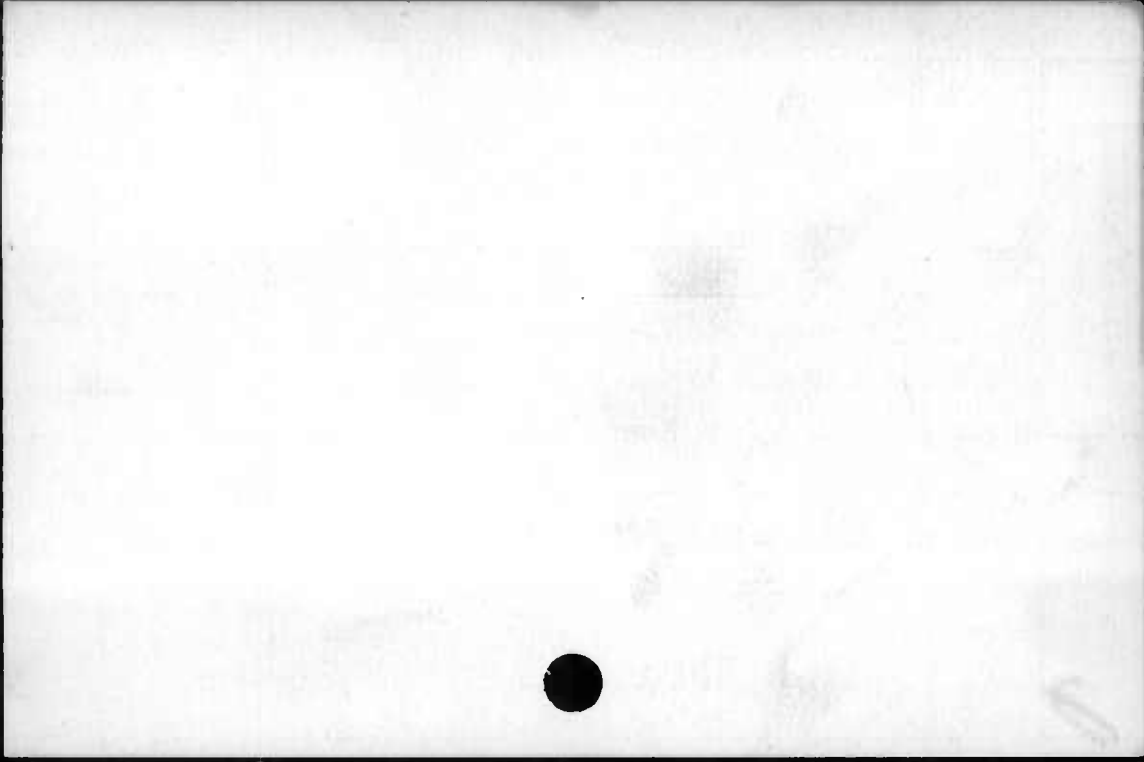
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death 1906 Nov. 21		Age 84		Months	Days
Sex Male		Color or Race White		Birth-place Penn.	
Occupation Merchant		Where Residing if not at place of death Cambridge Md			
Married, Single or Widowed Widower		Name of Wife or Husband Henrietta Anthony			
Father's Name John W. Anthony		Father's Birthplace Penn.			
Mother's Maiden Name		Mother's Birthplace England			
Name of person giving information Joseph R. Anthony		How related to deceased Nephew			

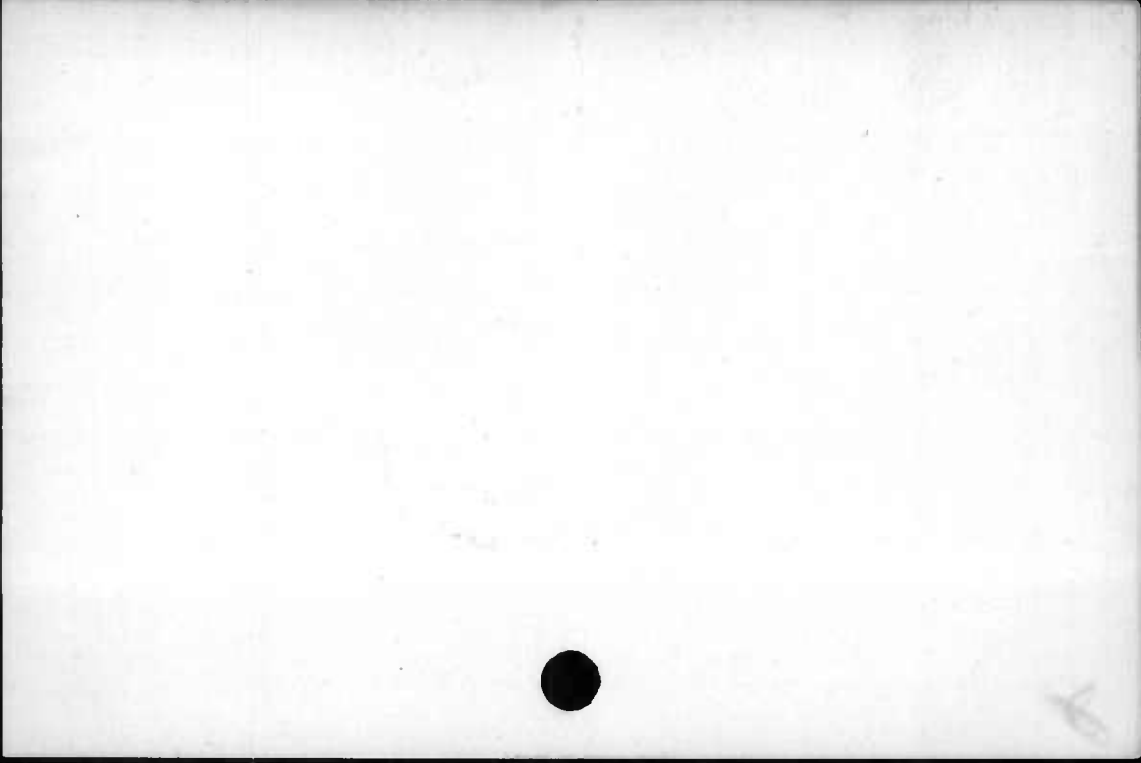
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's disease	How long	(ND)
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. Wolf	
		Address Cambridge, Md.	
Accident or Suicide?			



Name in Full		John Wesley Bailey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near <i>Vienna</i>		Town <i>Or</i>		County	
	Date of death		1906	Month	<i>Nov</i>	Day	26
	Age		2	Years	2	Months	11
	Sex		Male	Color or Race	Black	Birth-place	Co
	Occupation		Child		Where Residing if not at place of death		
	Married, Single or Widowed		—		Name of Wife or Husband		
	Father's Name		Josiah Bailey		Father's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name		Bertha May Campbell		Mother's Birthplace		
	Name of person giving information		Father		How related to deceased		
	CAUSES OF DEATH						
	Primary	<i>Pneumonia</i>				How long	2 weeks
Immediate	<i>Exhaustion</i>				How long		
X	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		<i>Brookman's Vienna Md</i>
	Accident or Suicide?						



Name  
in  
Full

Edward Banks

## CERTIFICATE OF DEATH

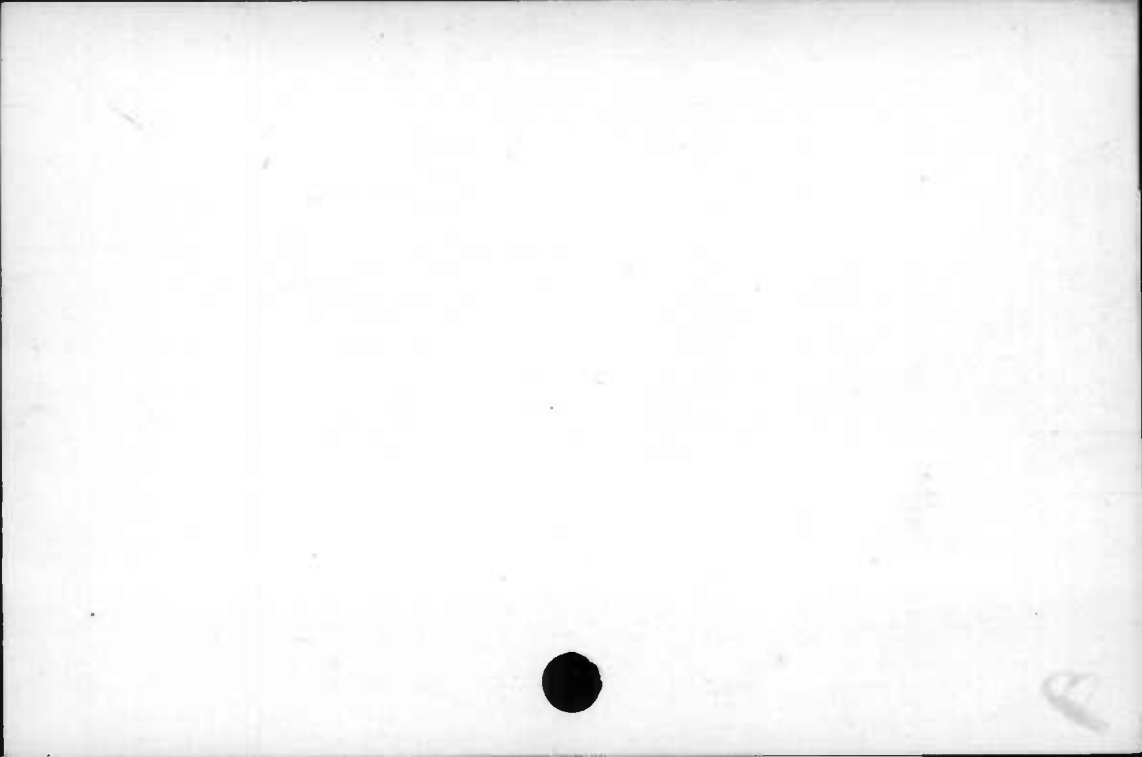
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>26</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>				
Occupation <i>Farming</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Priscilla Roberts</i>				How related to deceased <i>Guardian</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long	<i>93</i>
Immediate <i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Wolff</i>
		Address <i>Cambridge, Ind.</i>
Accident or Suicide?		





Name  
in  
Full

Lida Bantam

CERTIFICATE OF DEATH

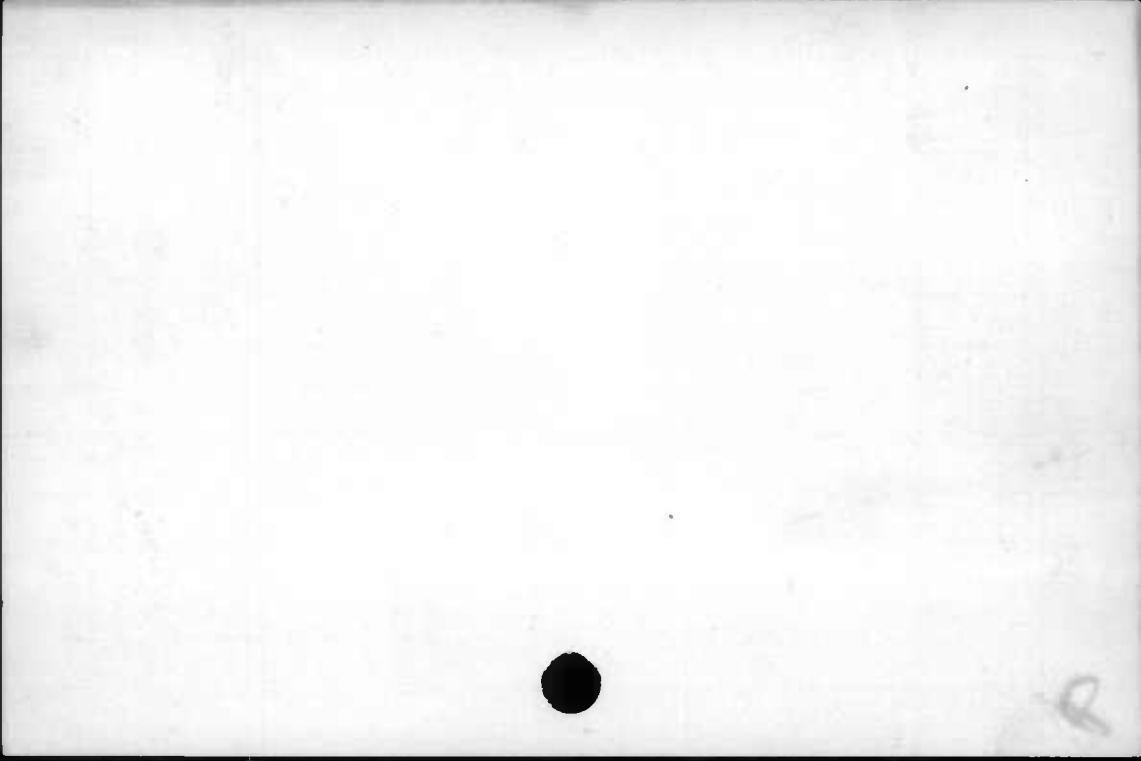
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		STATE OF <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Days <i>7</i>
Sex <i>Female</i>		Color or Race <i>Blk.</i>			
Occupation <i>Clue d</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John W. Bantam</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Ridout</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John W. Bantam</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septicemia et peritonum</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

6 K O Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *T Brookeville*

Town

*But* CountyDate  
of death *1906*

Month

*Nov*

Day

*17*

Age

Years

*62*

Months

*—*

Days

*—*

Sex

*Male*Color or  
Race*White*Birth-  
place

Occupation

*Farmer*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*Widowed*Name of Wife or  
Husband*—*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*J. P. Frampton*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Heart disease*

How long

*1 yr*

Immediate

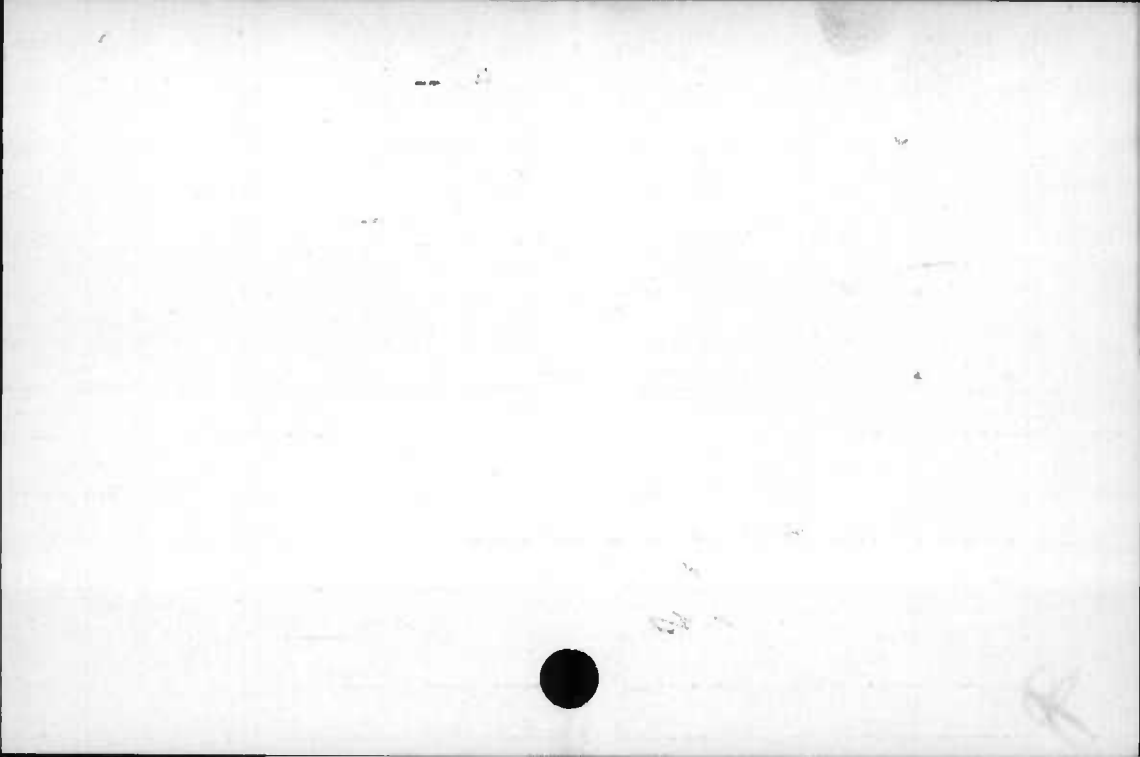
*Heart failure*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*T Brookeville*  
*Virginia*  
*MD*

Address

Accident or Suicide?



Name  
in  
Full

Sophie Bell

## CERTIFICATE OF DEATH

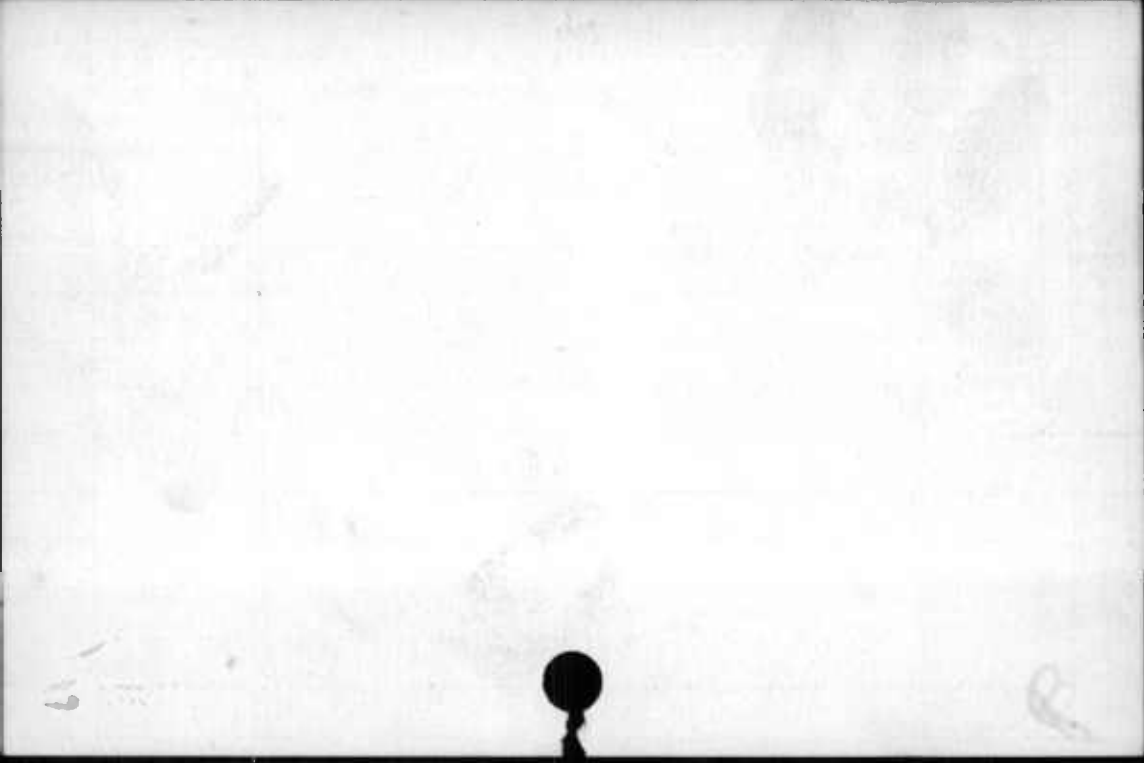
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Wichester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>8</i>	Years <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cambridge Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Benj Bell</i>		Father's Birthplace <i>W. Co Md.</i>			
Mother's Maiden Name <i>Mary Vane</i>		Mother's Birthplace <i>W. Co Md.</i>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Complication of lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Steele</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

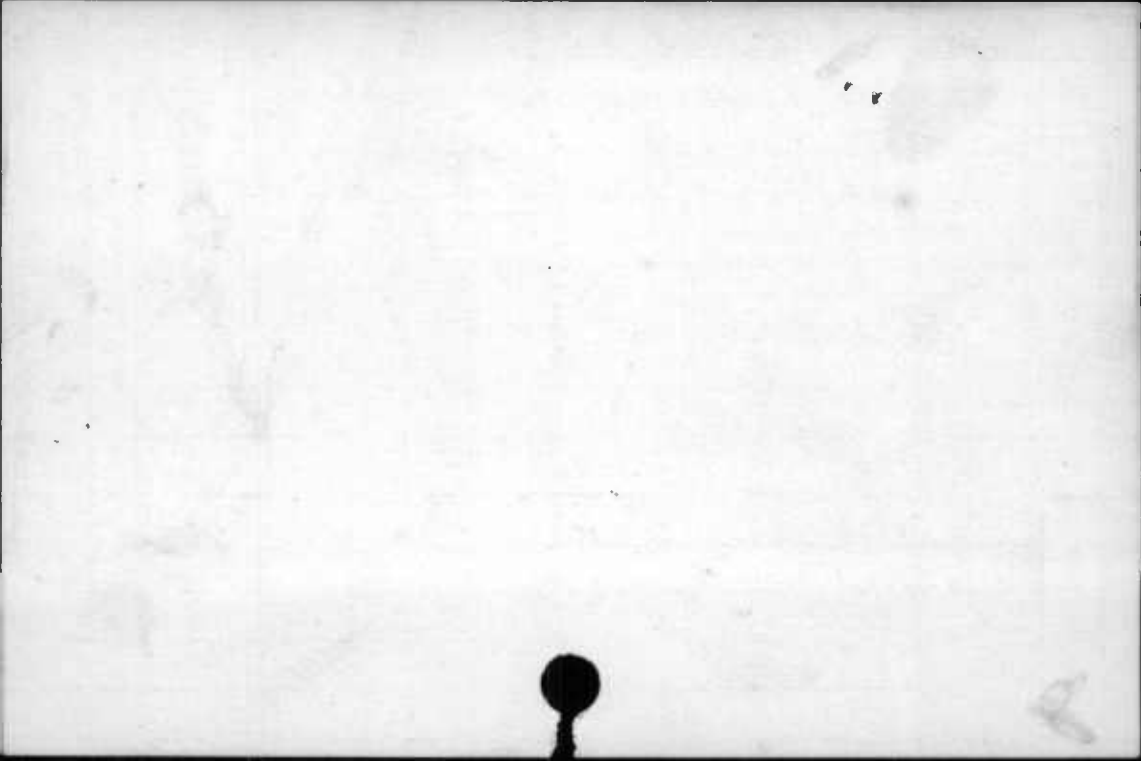
TO BE ANSWERED BY  
NEAREST FRIEND

Money Camper		Town		County		MARYLAND	
Died at East New Market		Dorchester					
Date of death 1906		Month 11		Day 20		Age Years 80	
Sex Female		Color or Race Colord		Birth-place		Dorchester	
Occupation		Where Residing if not at place of death					
<del>Married, Single or Widowed</del>		Name of Wife or Husband		Columbus Camper			
Father's Name		Daniel Daskields		Father's Birthplace			
Mother's Maiden Name		Bessie Stewart		Mother's Birthplace		Dorchester	
Name of person giving information		Sandy Deshuel		How related to deceased		Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Stomach	How long	Don't Know
Immediate	Don't Know	How long	Don't Know
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Edward L. Jones	
Address		E. N. Market Rd.	
Accident or Suicide?			





Name  
in  
Full

Mary Canon

## CERTIFICATE OF DEATH

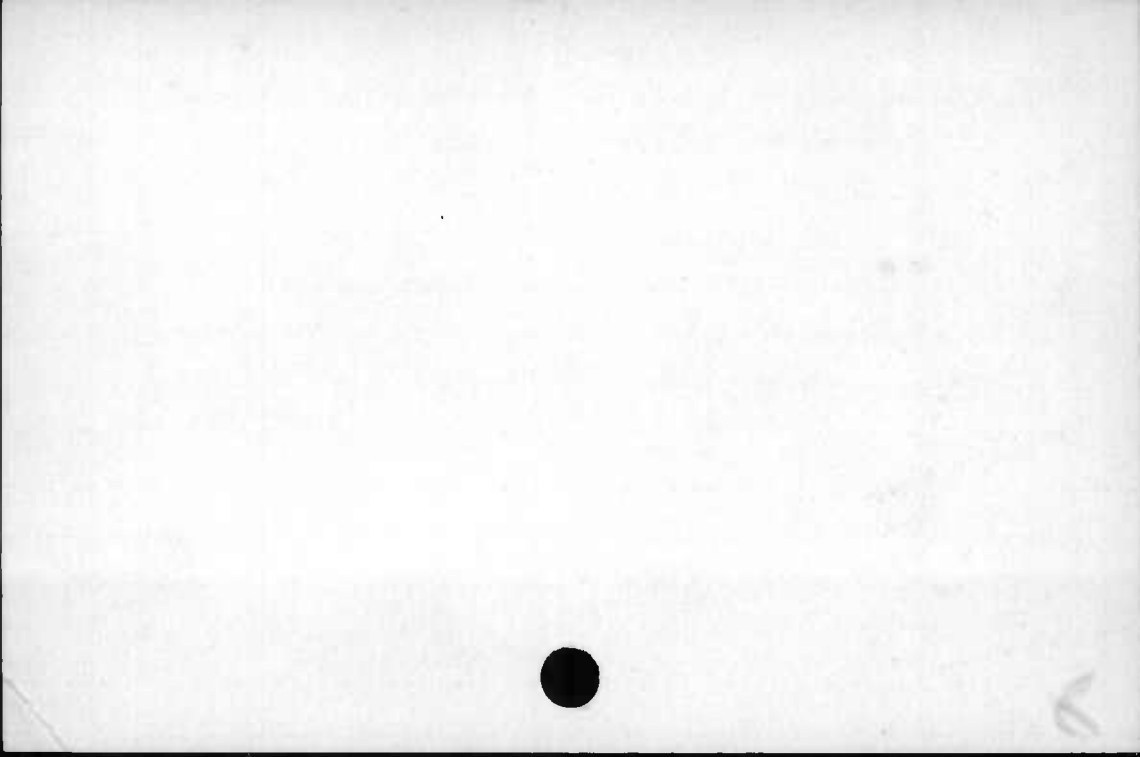
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <sup>Town</sup> Williamsburg <sup>County</sup> Dorchester		MARYLAND									
Date of death	1906	Month	Nov.	Day	6	Years	80	Months	—	Days	—
Sex	Female		Color or Race	white		Birth-place	Dorchester Co Md				
Occupation	Housewife		Where Residing if not at place of death		—						
Married, Single or Widowed	widow		Name of Wife or Husband		Josiah Canon						
Father's Name	Algernon Cookman		Father's Birthplace		Maryland						
Mother's Maiden Name	Agnes Caswell		Mother's Birthplace		—						
Name of person giving information	Joseph Colburne		How related to deceased		by marriage						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Anemia		How long	1 year	
Immediate	Weak Heart		How long	22 months	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		J. Noble
			Address		Preston Md.
Accident or Suicide?		—			



Name  
in  
Full

## CERTIFICATE OF DEATH

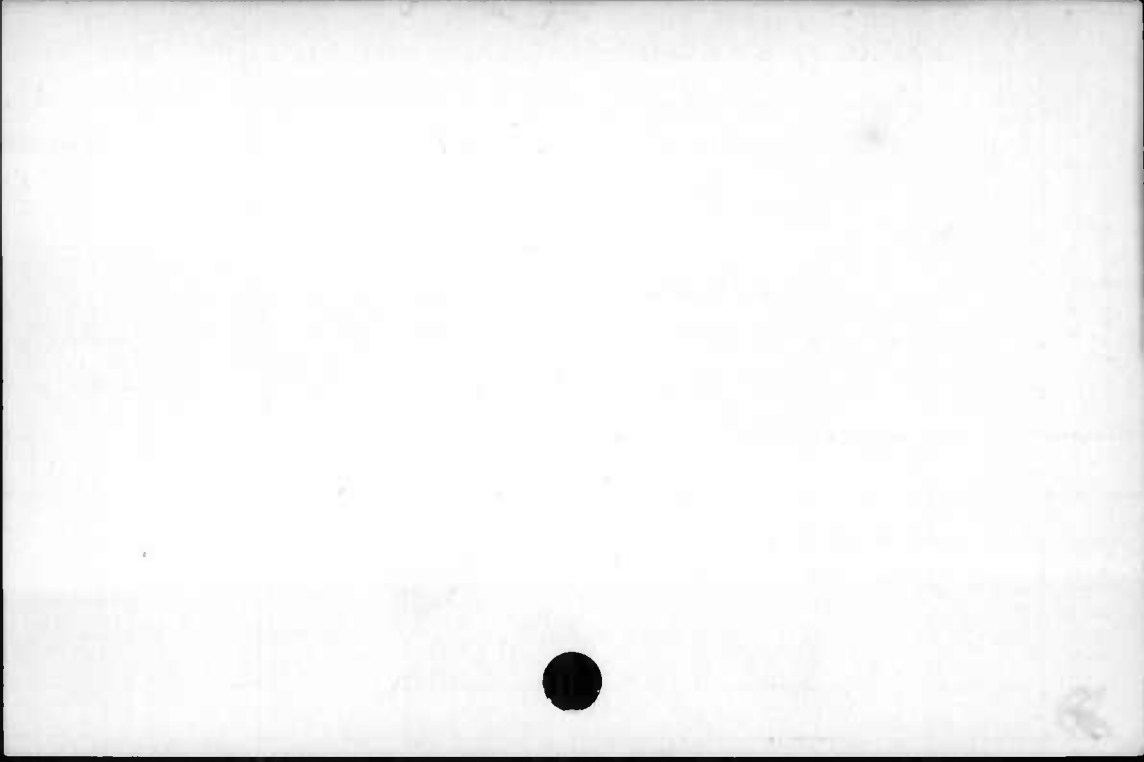
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>8th</u>	Age <u>51</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Dorchester Co</u>			
Occupation <u>Cypherman</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clara Cephas</u>				
Father's Name <u>Eli Cephas</u>	Father's Birthplace <u>Dorchester Co</u>		Mother's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Elizabeth Morris</u>	How related to deceased <u>Wife</u>		Name of person giving information <u>Clara Cephas</u>		

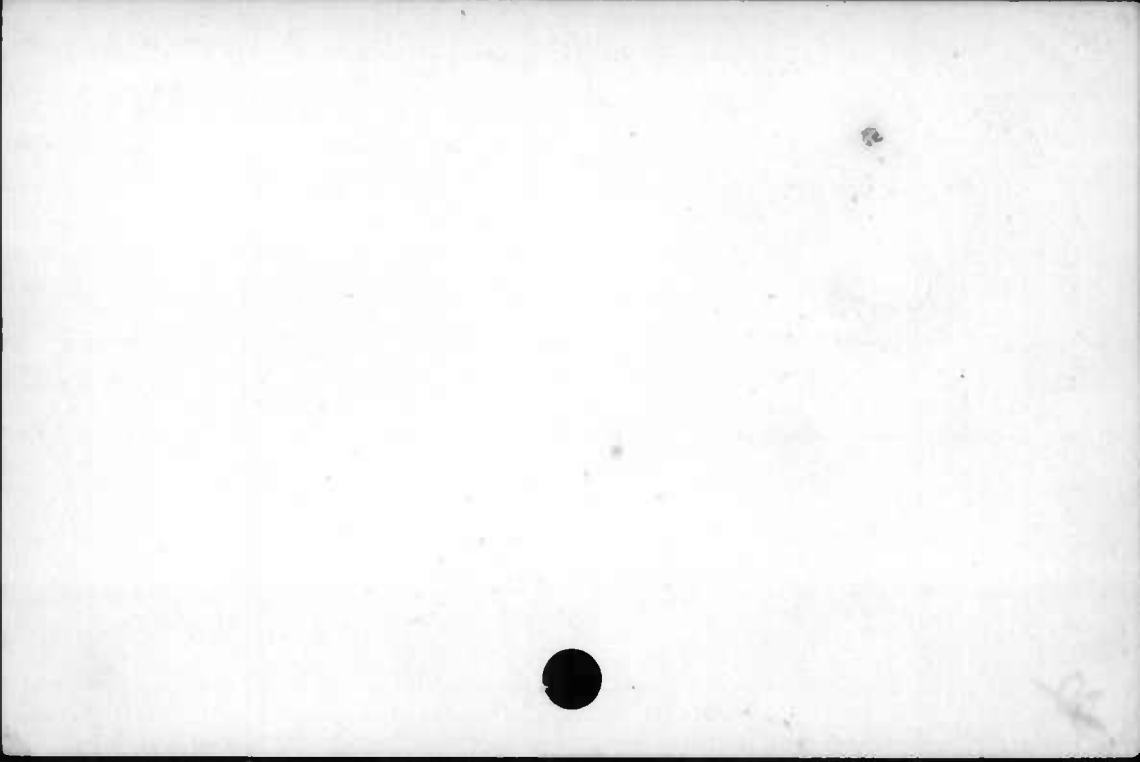
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chr. Interstitial Nephritis</u>	How long <u>8 weeks</u>
Immediate <u>Cardiac dilatation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Exeter P. Reynolds M.D.</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u>X</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Church Creek</u>		County <u>Dorchester</u>		MARYLAND
	Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>17</u>	Years <u>85-</u>	Months <u>1</u> Days <u>2</u>
	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place		
	Occupation		Where Residing if not at place of death		
	Married <del>Single</del>		Name of Wife or Husband		
	Father's Name <u>Stephen Dance</u>		Father's Birthplace <u>Ruxton Virginia</u>		
PHYSICIAN OR CORONER	Mother's Maiden Name <u>Martha Wilson</u>		Mother's Birthplace <u>Ruxton Virginia</u>		
	Name of person giving information <u>Rev. W. W. Greene</u>		How related to deceased <u>Brother in law</u>		
	CAUSES OF DEATH				
	Primary	<u>Pleur's Pneumonia</u>		How long	<u>Four days</u>
Immediate	<u>Blockage of air passages by pus</u>		How long	<u>One hour</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<u>yes</u>		<u>Tutor Carroll, M.D.</u>			
		Address <u>Cambridge, Md</u>			
Accident or Suicide?					



Name  
in  
Full

infant

Dorchester

## CERTIFICATE OF DEATH

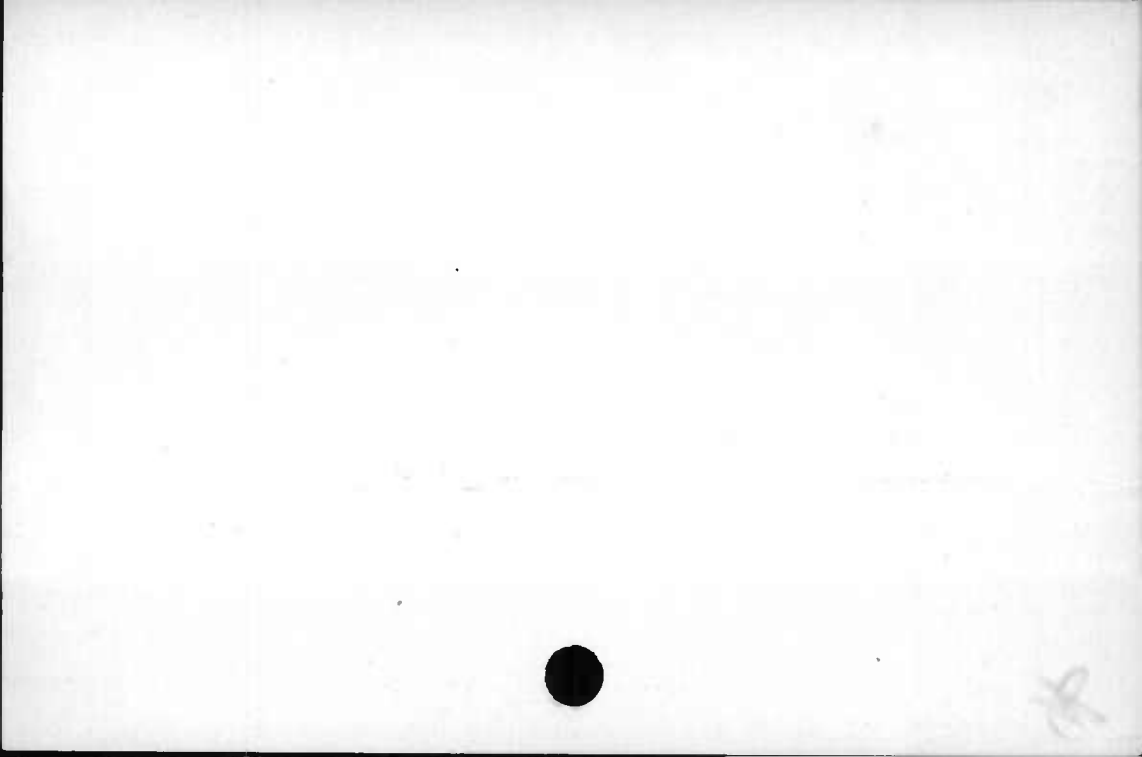
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Salem</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>Mar</i>	Day <i>27</i>	Age Years		Months	Days <i>one</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Salem</i>			
Occupation _____				Where Residing If not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Chas Dockens</i>				Father's Birthplace _____			
Mother's Maiden Name <i>Camper</i>				Mother's Birthplace _____			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(179)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Robert L Hastings</i>
<i>No physician</i>		Address <i>200 Herlock</i>
Accident or Suicide?		





Name  
In  
Full

William S. Edgar

CERTIFICATE OF DEATH

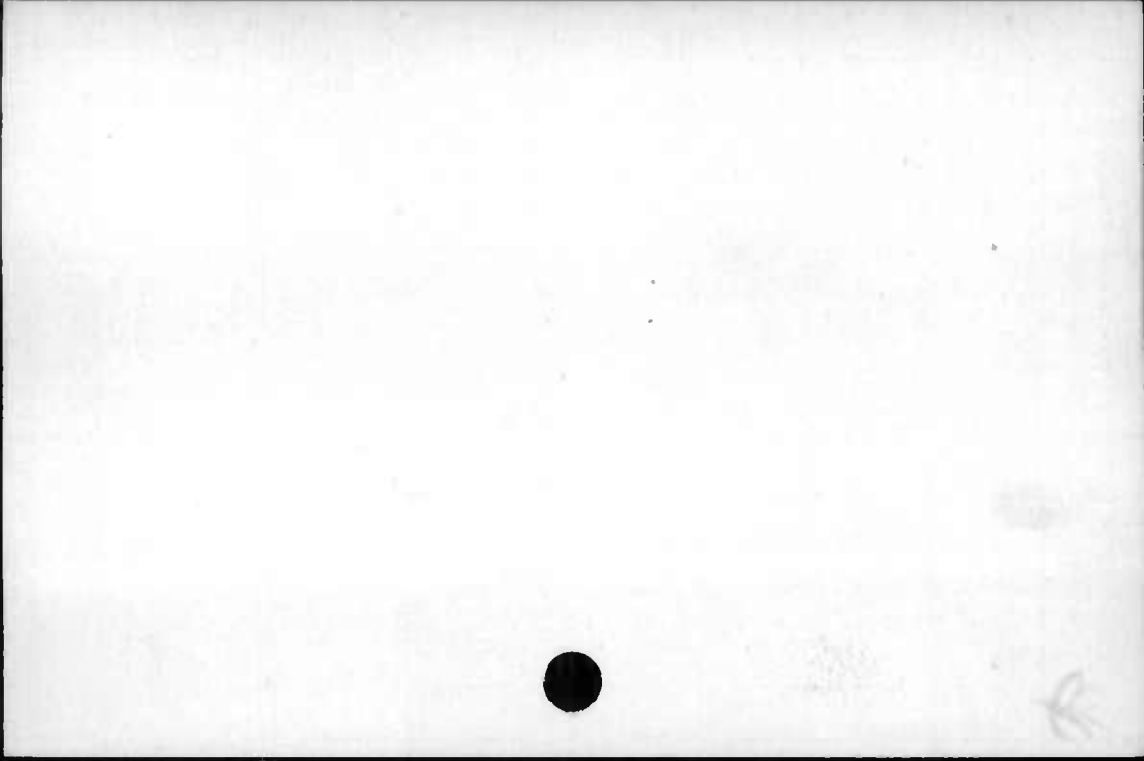
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death	1904	Month	Nov	Day	21
Age		Years		Months	Days
41					
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Merchant		Where Residing if not at place of death Cambridge Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	Mamie Edgar		
Father's Name	William S. Edgar			Father's Birthplace	Maryland
Mother's Maiden Name	Miss Hooper			Mother's Birthplace	"
Name of person giving information	Mamie Edgar			How related to deceased	Wife

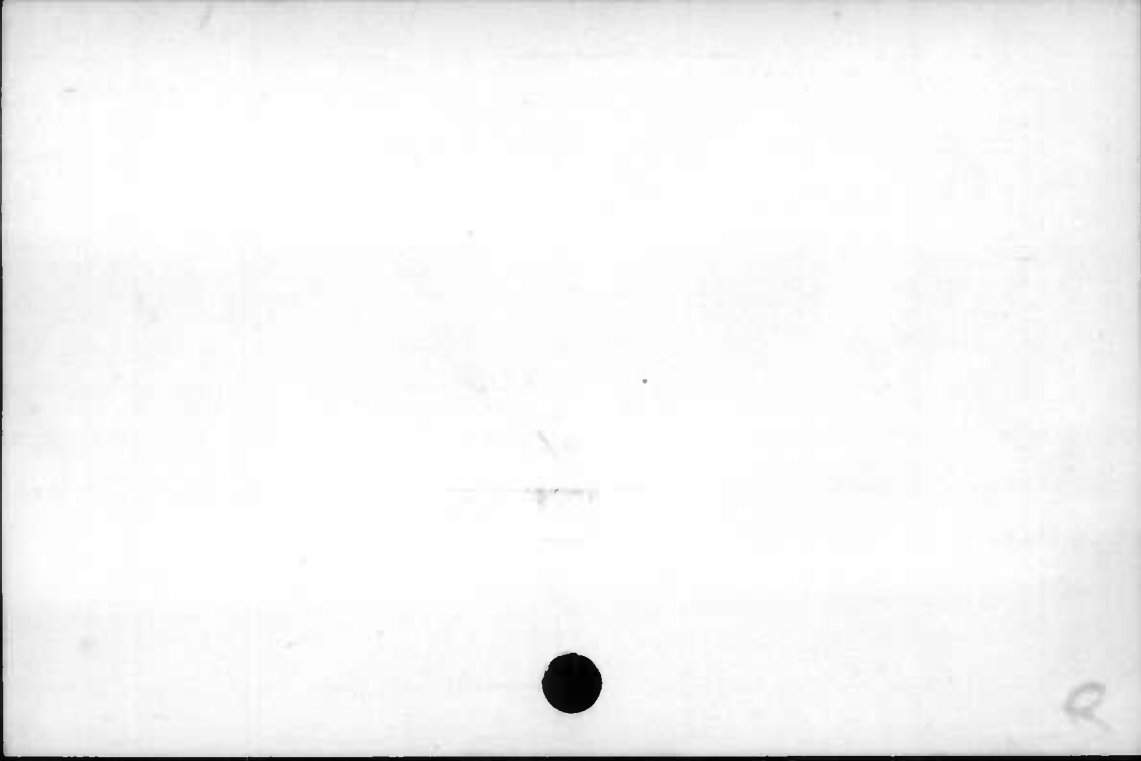
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Erysipelas with Septic Meningitis	How long	5 days
Immediate	Cerebral hemorrhage & paralysis	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Eugene Stull	
Address		Cambridge Md.	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		County		MARYLAND
	Town		City		
	Date of death	Month	Day	Years	Months
	Sex	Color or Race	Birth-place		
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	Six Mos.
	Immediate	Haemorrhage Pulmonary		How long	6 hrs
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
Accident or Suicide?					



Name  
in  
Full

Infant

Hastings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Nov.	Day	11
Sex <i>Male</i>		Color or Race <i>White</i>		Age	—
Occupation		Where Residing if not at place of death		Months	Days
Birth-place <i>Cambridge Md.</i>					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Durand Hastings</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>May Stevens</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Durand Hastings</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Lead Poisoning</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John M. ...</i>	
		Address <i>Cambridge Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Emmie E Henry

CERTIFICATE OF DEATH

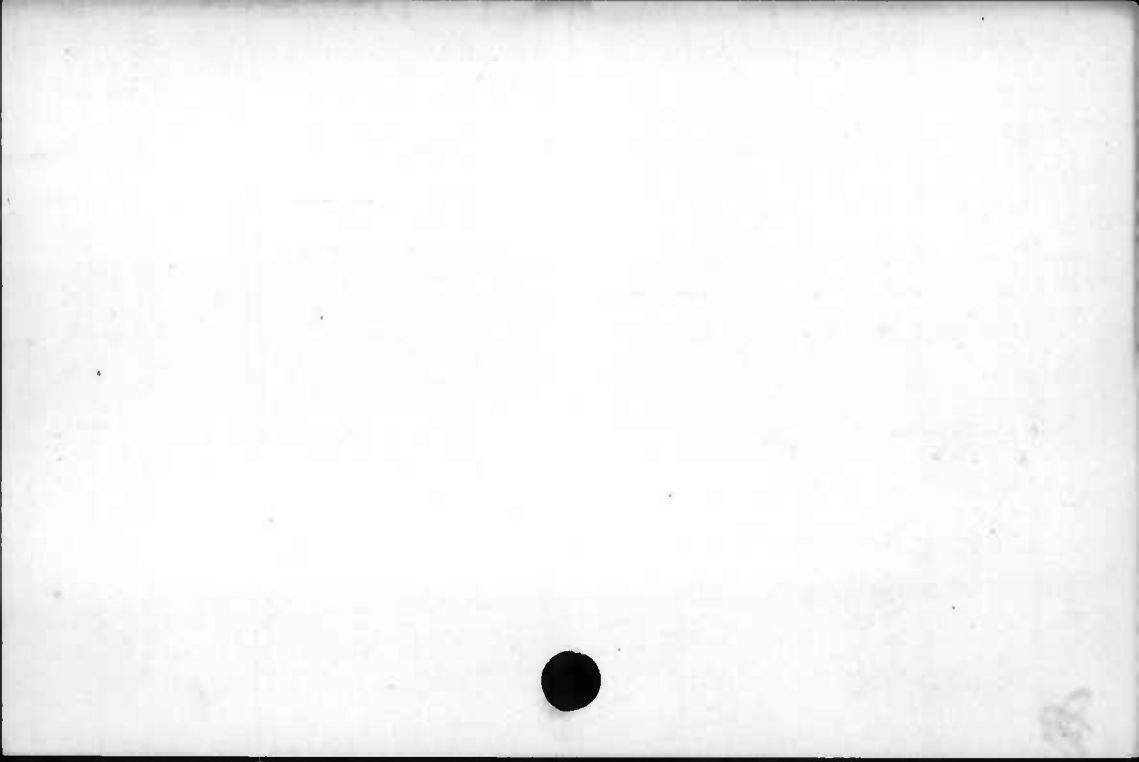
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Vienna</u> Town		<u>Dor</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>11</u>	Day <u>16</u>	Age <u>72-73</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>County</u>			
Occupation <u>Home work</u>		Where Residing if not at place of death <u>—</u>			
Married, <del>Single</del> <u>Widowed</u>	Name of <del>Wife</del> Husband <u>John Henry</u>				
Father's Name <u>Elgin Stanley</u>		Father's Birthplace <u>Co</u>			
Mother's Maiden Name <u>Mary Ballard</u>		Mother's Birthplace <u>Co</u>			
Name of person giving information <u>John Henry</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart disease</u>	How long <u>2 yrs</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. Brown</u>
	Address <u>Vienna Md</u>
Accident or Suicide? <u>—</u>	





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>29</i>	Age <i>14</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co</i>				
Occupation <i>Invalid</i>	Where Residing if not at place of death <i>Cambridge</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>Unknown</i>	Father's Birthplace						
Mother's Maiden Name <i>Annie Hughes</i>	Mother's Birthplace <i>Dorchester Co.</i>						
Name of person giving information <i>Annie Hughes</i>	How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>Don't know</i>
Immediate <i>Pneumonia (secondary)</i>	How long <i>Don't know as saw him once</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide?	



Name  
in  
Full

Margaret A. Hurlock

## CERTIFICATE OF DEATH

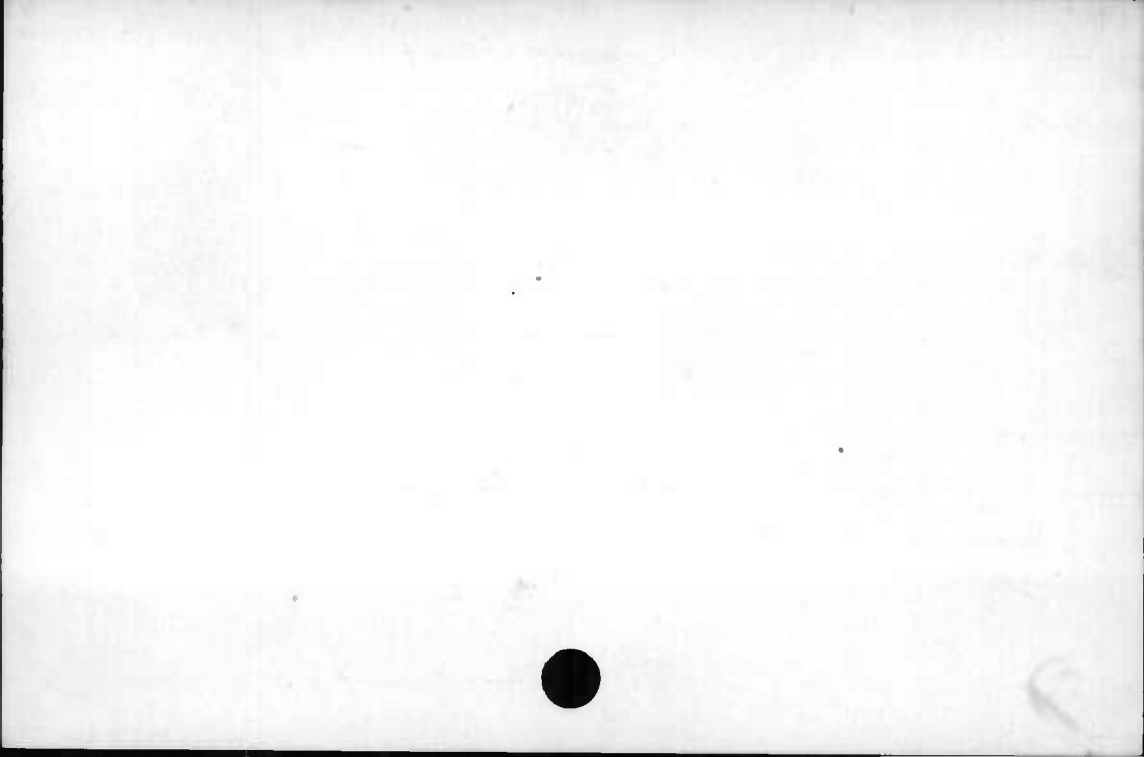
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month Nov.		Day 10		Age 64	
Sex Female		Color or Race White		Birth-place Maryland		Months —	
Occupation Housewife		Where Residing if not at place of death Cambridge Md		Years —		Days —	
Married, Single or Widowed Married		Name of Wife or Husband John W. Hurlock		Father's Birthplace Maryland		Mother's Birthplace "	
Father's Name James Thos. Gould		Mother's Maiden Name Priscilla Reed		How related to deceased Husband		—	
Name of person giving information John W. Hurlock		—		—		—	

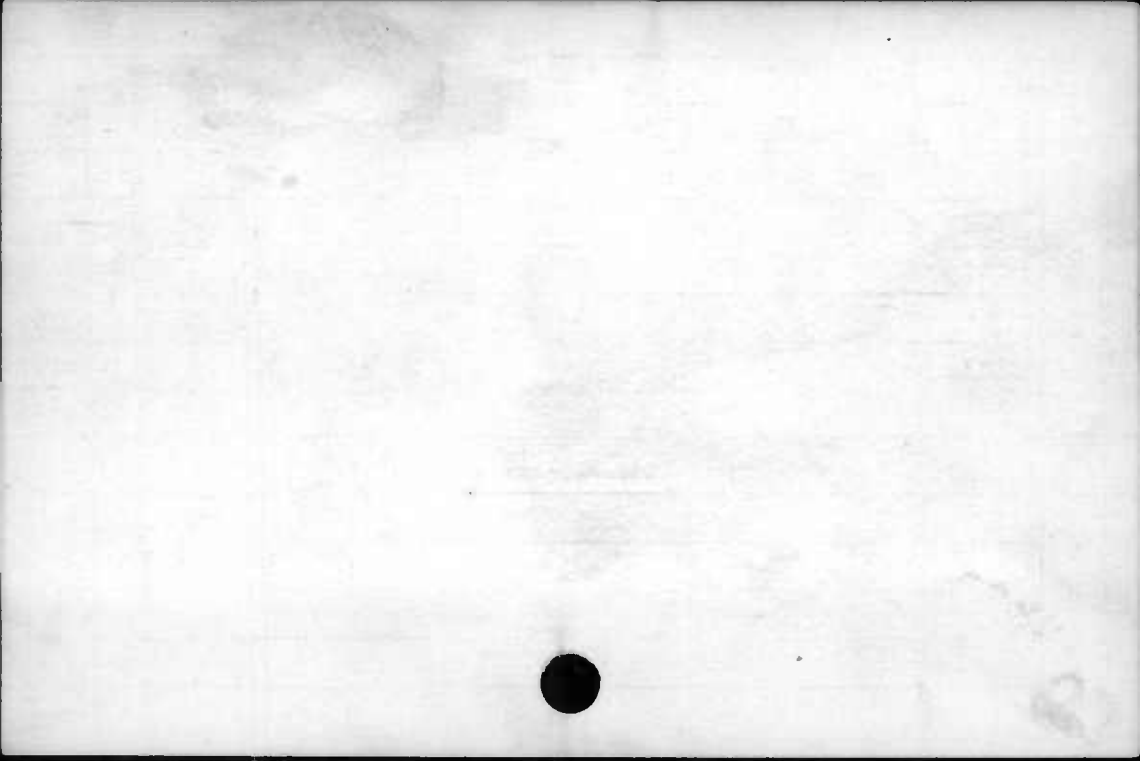
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arterio-Sclerosis	How long	(81)
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. E. Wolff	
yes		Address Cambridge, Md.	
Accident or Suicide?		—	



Name in Full		Rebecca Kiah				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cambridge		County Dorchester		MARYLAND	
	Date of death	1906	Month Nov	Day 14th	Age Years	6	Months Days
	Sex	Female		Color or Race	Colored		Birth place Cambridge
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	John Kiah				Father's Birthplace Dorchester Co	
	Mother's Maiden Name	Julia Mister				Mother's Birthplace " "	
Name of person giving information	John Kiah				How related to deceased Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dyscolitis				How long	Two weeks
	Immediate	Asithemia				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Dexter P. Reynolds M.D.	
				Address		Cambridge Md	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

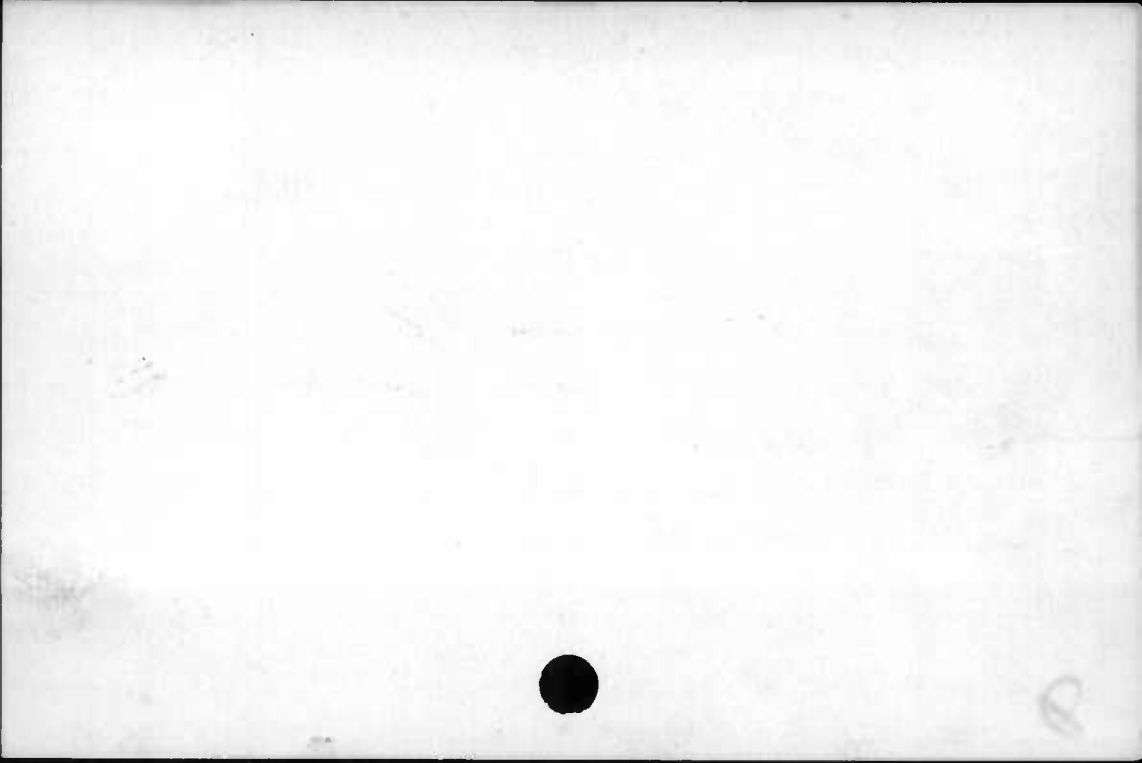
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>20</i>	Years <i>61</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Driver</i>	Where Residing if not at place of death <i>Cambridge Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Isaac H. Knowles</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Elija A. Knowles</i>	How related to deceased <i>Step mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hypertrophy Prostate &amp; Chronic Nephritis</i>	How long <i>Some months</i>
Immediate <i>&amp; Cancer</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. L. Brown</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Infant Lane

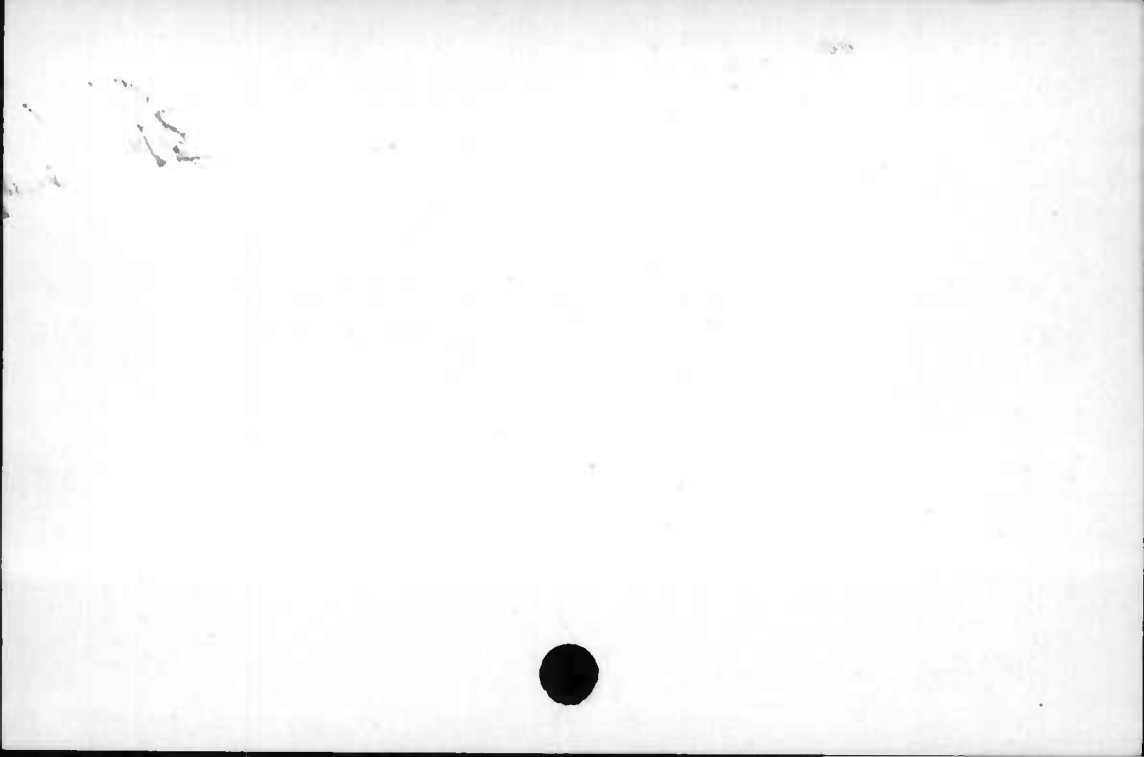
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bucktown</i>		County <i>Horchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Boy</i>	Color or Race <i>White</i>		Birth-place <i>Bucktown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charlie Lane</i>		Father's Birthplace <i>Ned</i>			
Mother's Maiden Name <i>Hellie Riggie</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>—</i>		How related to deceased <i>Grandfather</i>			

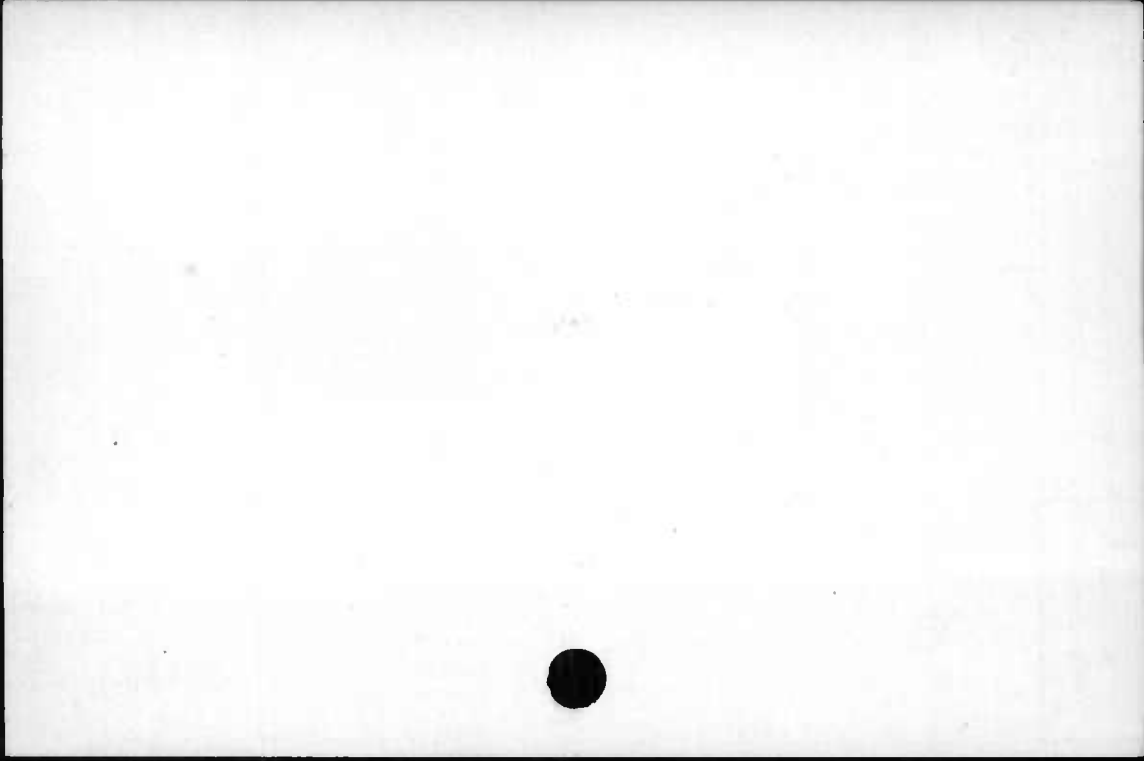
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Willis M.D.</i>
<i>No physician in attendance</i>	Address <i>Small Street Cambridge Md</i>
Accident or Suicide?	<i>—</i>



Name in Full		Infant Lane				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Bucktown</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u> <small>Month</small> <u>Nov</u> <small>Day</small> <u>6</u>		Age <u>    </u> <small>Years</small>		<u>    </u> <small>Months</small>		<u>    </u> <small>Days</small>
	Sex <u>Girls</u>		Color or Race <u>    </u>		Birth-place <u>    </u>		
	Occupation <u>    </u>		Where Residing if not at place of death <u>    </u>				
	Married, Single or Widowed <u>    </u>		Name of Wife or Husband <u>    </u>				
	Father's Name <u>Charlie Lane</u>		Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Ellie Riggan</u>		Mother's Birthplace <u>"</u>					
Name of person giving information <u>    </u>		How related to deceased <u>Grandfather</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Stomach</u>		How long <u>    </u>				
	Immediate <u>    </u>		How long <u>    </u>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>    </u>				
	No physician in attendance		Address <u>W. W. Willis &amp; Co</u>				
Accident or Suicide? <u>Attendants</u>		Funeral Director <u>Quindley</u>					



Name  
in  
Full

## CERTIFICATE OF DEATH

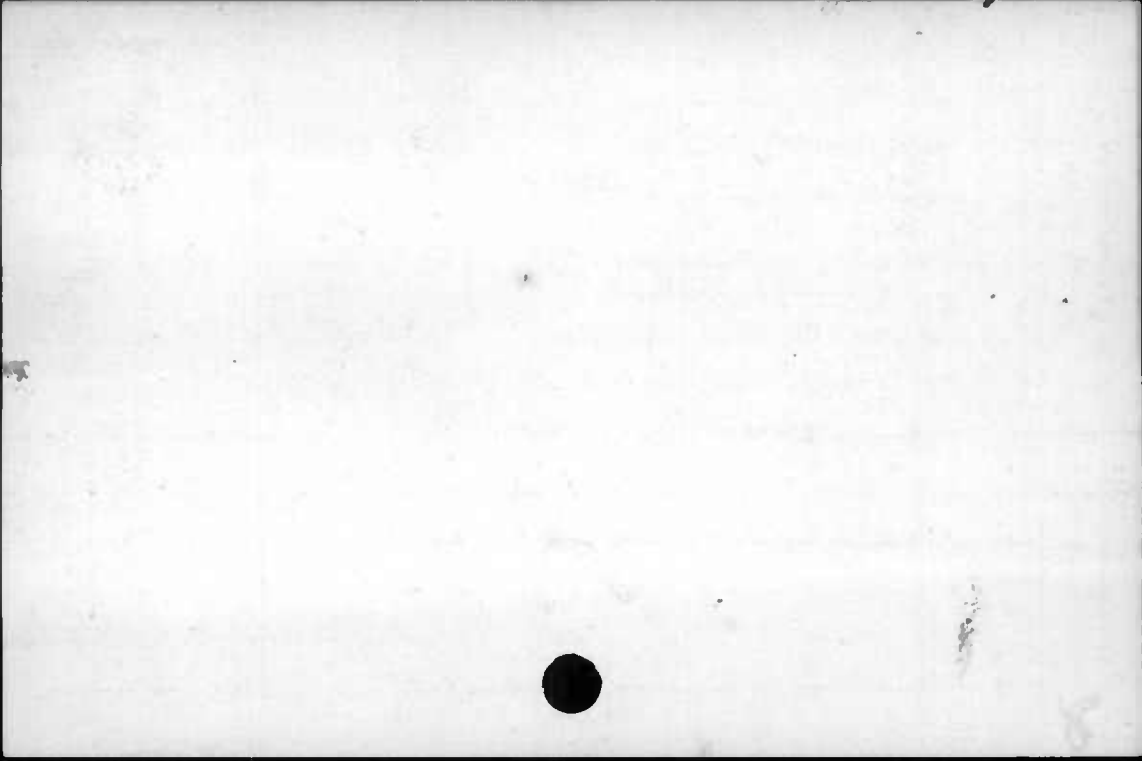
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Still Born</i> <sup>Town</sup> <i>Moore</i> <sup>County</sup> <i>Dorchester</i>		MARYLAND							
Date of death	1906	Month	11	Day	23	Age	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Dorchester		
Occupation						Where Residing if not at place of death			
Married, Single or Widowed						Name of Wife or Husband			
Father's Name	Edward Moore					Father's Birthplace	Dorchester		
Mother's Maiden Name	Maggie Lauford					Mother's Birthplace	"		
Name of person giving information	Frank Blades					How related to deceased	Friend		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Not known Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>None</i>
		Address	<i>Wm L. Abell &amp; P.</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Jane Neal

Town

Huslock

County

Dorchester

MARYLAND

Date

of death

1906

Month

Nov

Day

26

Age

Years

Months

5

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

near Huslock

Occupation

Where Residing if not  
at place of death

near Huslock

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Will Neal

Father's  
Birthplace

Cabin Creek

Mother's  
Maiden Name

Lydie Boyce

Mother's  
Birthplace

Huslock

Name of person giving  
information

Sam Boyce

How related  
to deceased

Grand Father

## CAUSES OF DEATH

Primary

no P

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of

Doctor

Address

no physician

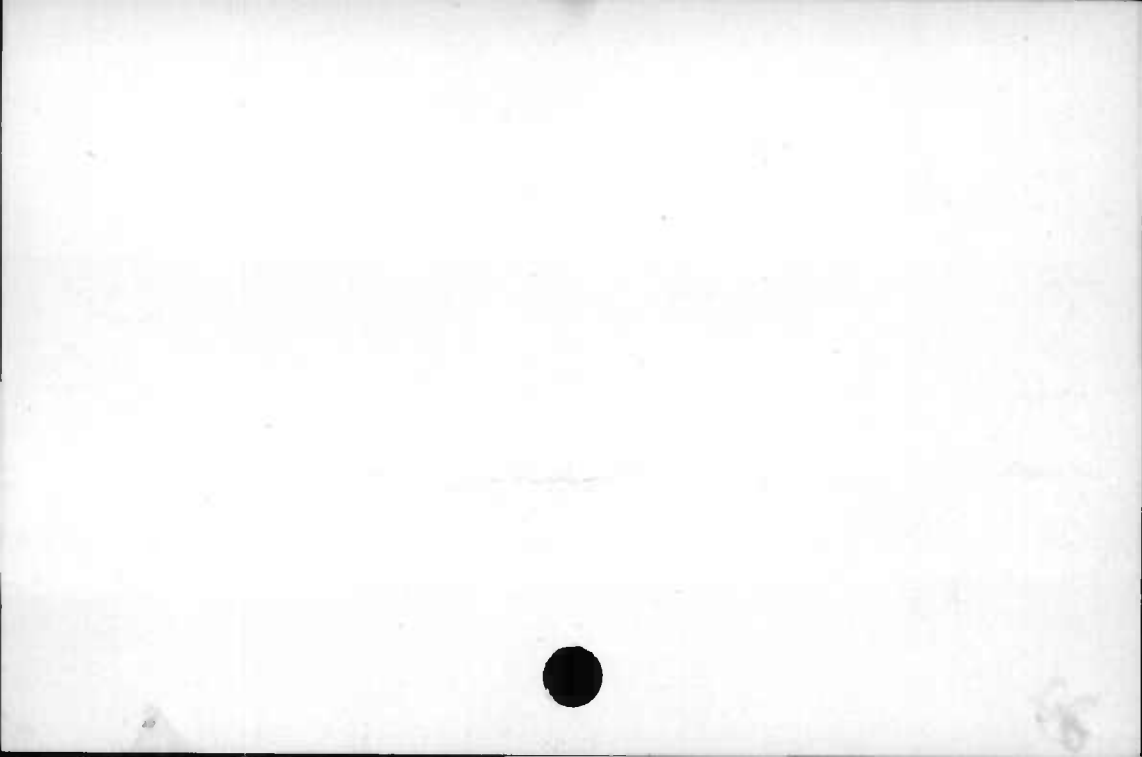
179

Robert L Hastings 870

Huslock

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
In  
Full

Allen Pinkett

## CERTIFICATE OF DEATH

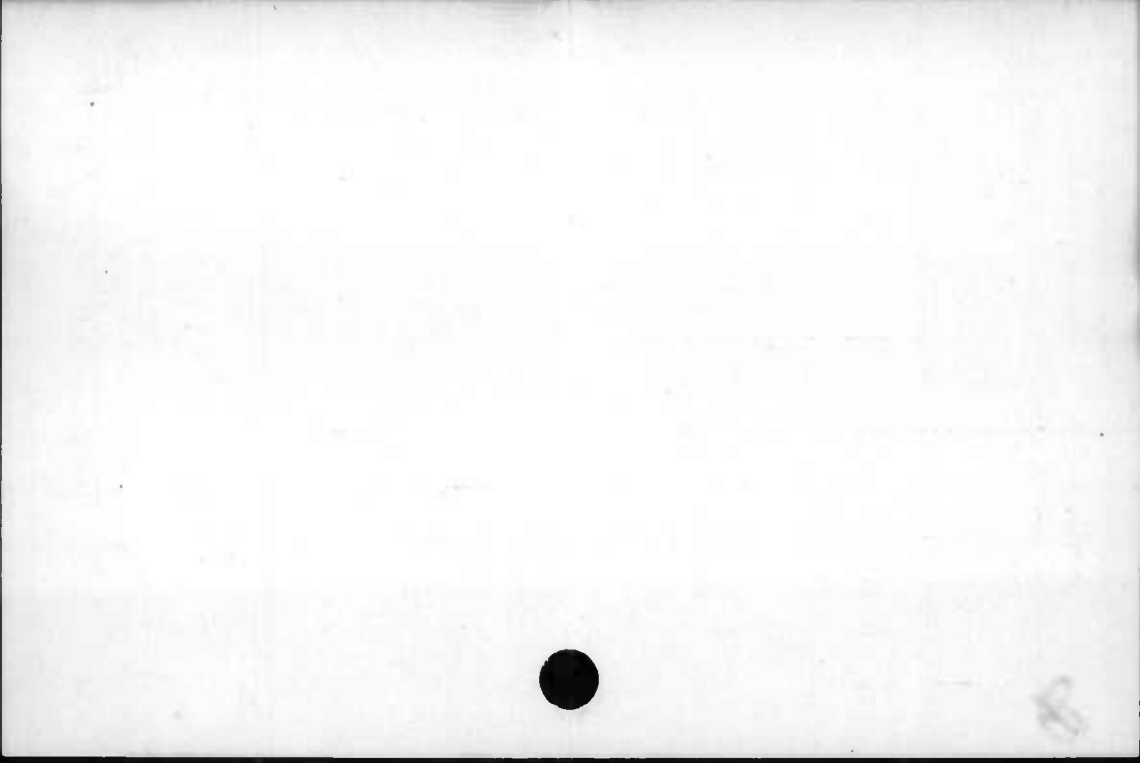
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Vienna</i>		County <i>Bot</i>		MARYLAND	
Date of death	1906	Month	Nov	Day	16
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>Blk</i>		Birth-place <i>Co.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Rufus Pinkett</i>			Father's Birthplace <i>Co.</i>		
Mother's Maiden Name <i>Effa Ball</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Alley Pinkett</i>			How related to deceased <i>Grandfather</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>insanitation</i>	How long	<i>2 mo.</i>
Immediate	<i>Exhaustion</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Ch Broome</i>	
<i>No physician</i>		Address	
<i>Accident or Suicide?</i>		<i>Vienna</i>	
		<i>Ma</i>	



Name  
in  
Full

William M. Robinson

CERTIFICATE OF DEATH

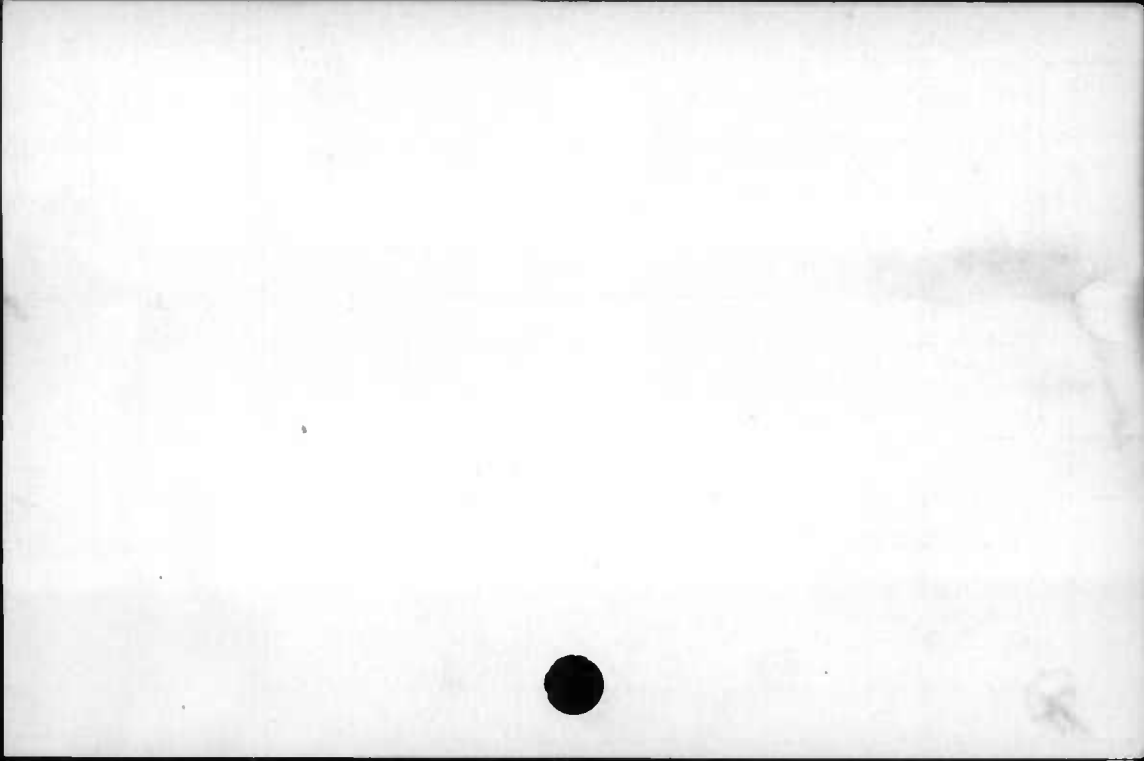
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1906	Month November	Day 11 <sup>th</sup>	Age 87	Years	Months 1
Sex		Male		Color or Race		White	
Birth- place		Maryland					
Occupation Retired Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Widower		Name of Wife or Husband			
Father's Name		William M. Robinson				Father's Birthplace	
Mother's Maiden Name		Mary E.				Mother's Birthplace	
Name of person giving in formation		F. J. Moore				How related to deceased	
						Sister-in-law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General infirmity	How long	about 2 years
Immediate	Heart failure	How long	about 1 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John M. M. M.	
Address		Cambridge Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Annetta W. St. Clair*

Died at *Cambridge* <sup>Town</sup> *Dorchester* <sup>County</sup> **MARYLAND**

Date of death *1906* <sup>Month</sup> *Nov.* <sup>Day</sup> *28* <sup>Years</sup> *Age 73* <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color or Race *Colored* Birth-place *Florida*

Occupation *Housewife* Where Residing if not at place of death *Cambridge Md.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Gyrus St. Clair*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *W. H. St. Clair* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

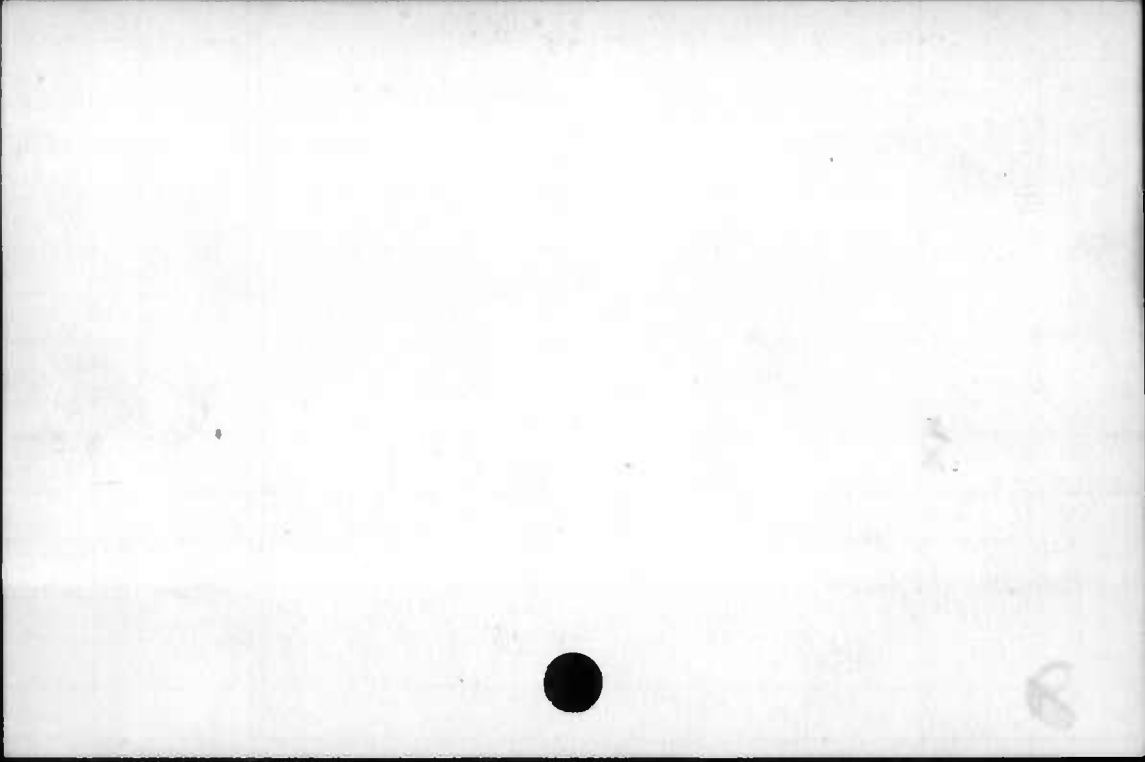
Primary *Old age* *123* How long *—*

Immediate *Cystitis* How long *Some months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. J. L. L. L. L. L.*

Address *Cambridge Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

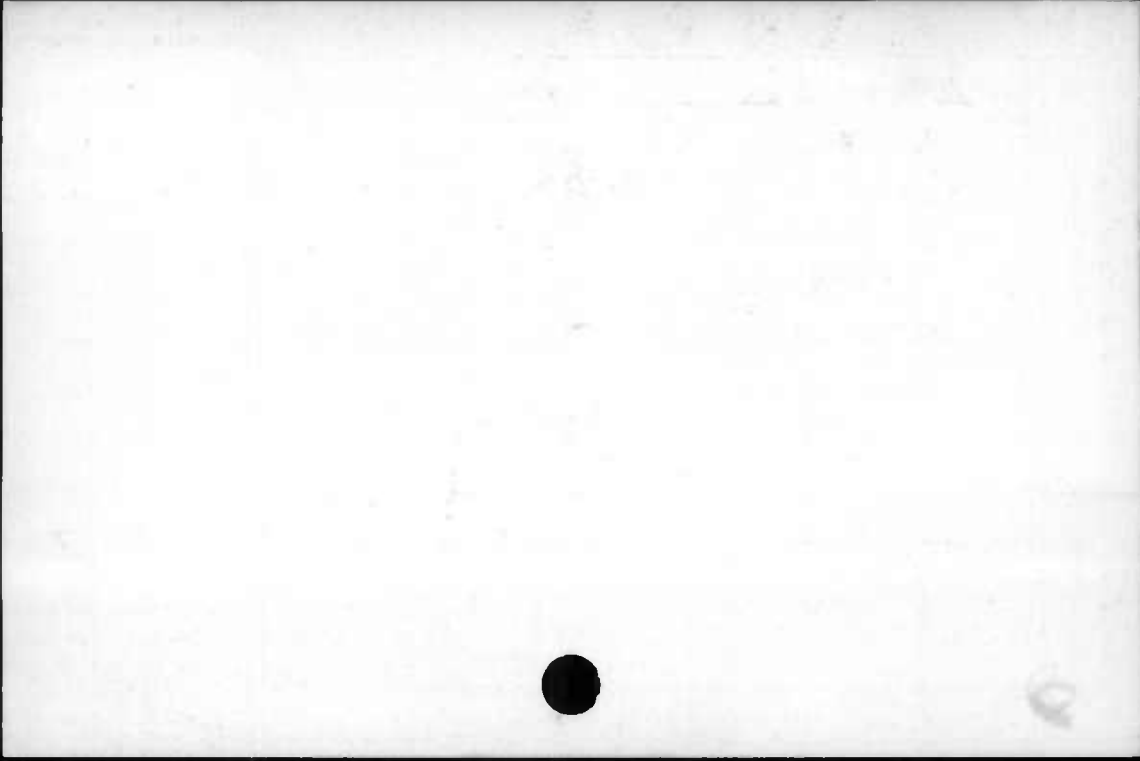
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakesville</i> <sup>Town</sup>		<i>Honolulu</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>17</i>	Years <i>18</i>	Age <i>18</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Md</i>		
Occupation <i>House girl</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James Spicer</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Susan Can</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Walter McKinn</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

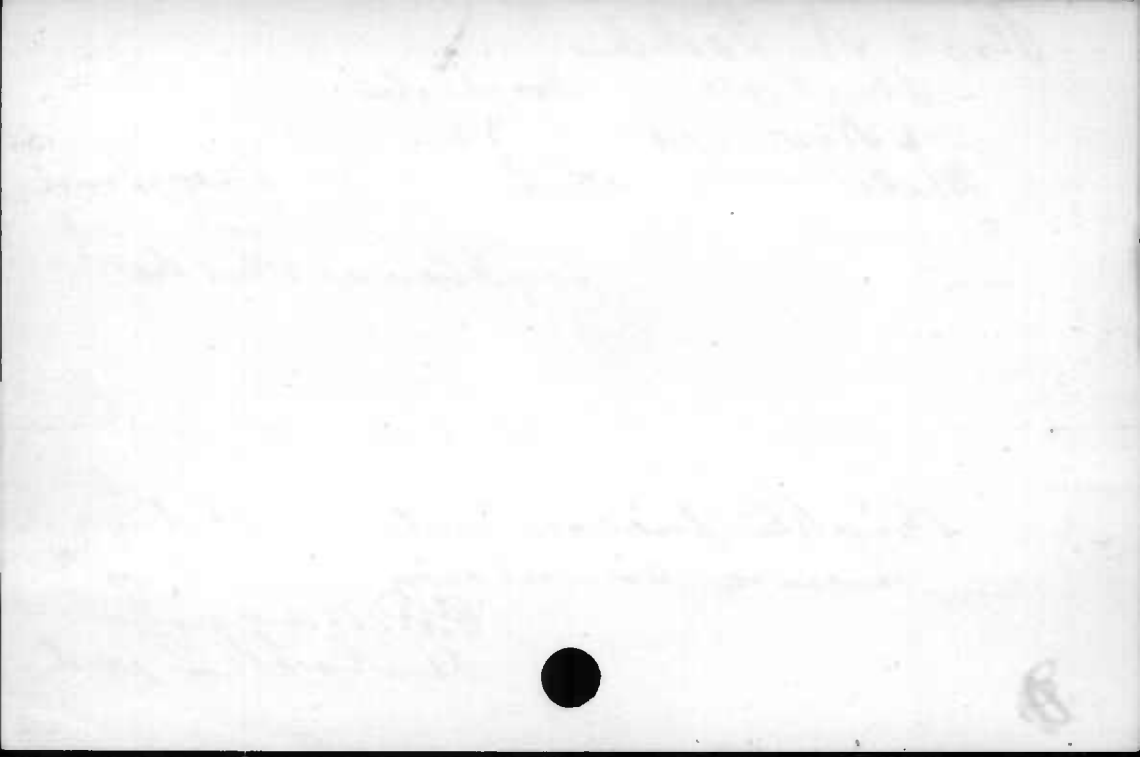
PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>3 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. A. P. Jones</i>
		Address <i>Chicago Md</i>
Accident or Suicide?		





Name in Full		Angie B Todd				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND				
	Bishop's Head		Dochester								
	Date of death	190	Month	Nov	Day	21	Years	Age	29	Months	Days
	Sex	Female		Color or Race	White		Birth-place	Bishop's Head			
	Occupation					Where Residing if not at place of death					
	Married, Single or Widowed	Married		Name of Wife or Husband					James J. Todd.		
PHYSICIAN OR CORONER	Father's Name		Elisha W. Thomas.				Father's Birthplace				
	Mother's Maiden Name		Mary Thomas.				Mother's Birthplace				
	Name of person giving information		James J. Todd.				How related to deceased		Father		
	Accident or Suicide?										
CAUSES OF DEATH											
Primary		Hemorrhage				(85)		How long			
Immediate								How long			
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician					
						Address		A. J. Kirman.			
								Wanderlaken			



Name  
In  
Full

Robert N. Todd

## CERTIFICATE OF DEATH

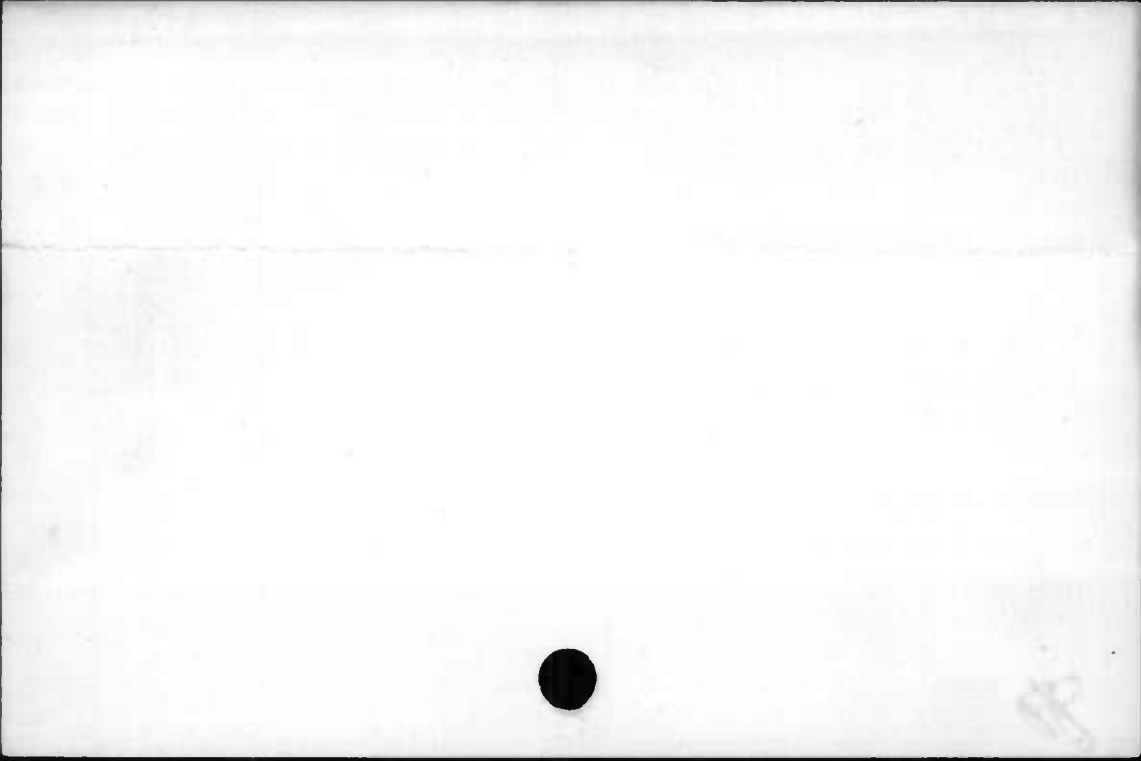
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hurlock</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906 Nov.</i> <sup>Month</sup>		<i>18</i> <sup>Day</sup>	Age <i>5-5-</i> <sup>Years</sup>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Hurlock Md</i>				
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <i>Tryphena Phelps</i>				
Father's Name <i>Robert S. Todd</i>	Father's Birthplace <i>Salisbury</i>				
Mother's Maiden Name <i>Annie Matof</i>	Mother's Birthplace <i>Salisbury</i>				
Name of person giving information <i>Tryphena Todd</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright disease renal</i>	How long <i>11 days</i>
Immediate <i>Uremic convulsions</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. K. Maguire</i>
	Address <i>Hurlock Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *East New Market Dorchester*Date of death *1906* Month *11* Day *1* Age *30*

Months Days

Sex *Female* Color or Race *White* Birth-place *Wisconsin*Occupation *Wife* Where Residing if not at place of deathMarried, Single or Widowed Name of Wife or Husband *George Whittaker*Father's Name *Henry C Stuart* Father's Birthplace *Yorks*Mother's Maiden Name *Mary Boyd* Mother's Birthplace *Pennsylvania*Name of person giving information *George Whittaker* How related to deceased *Husband*

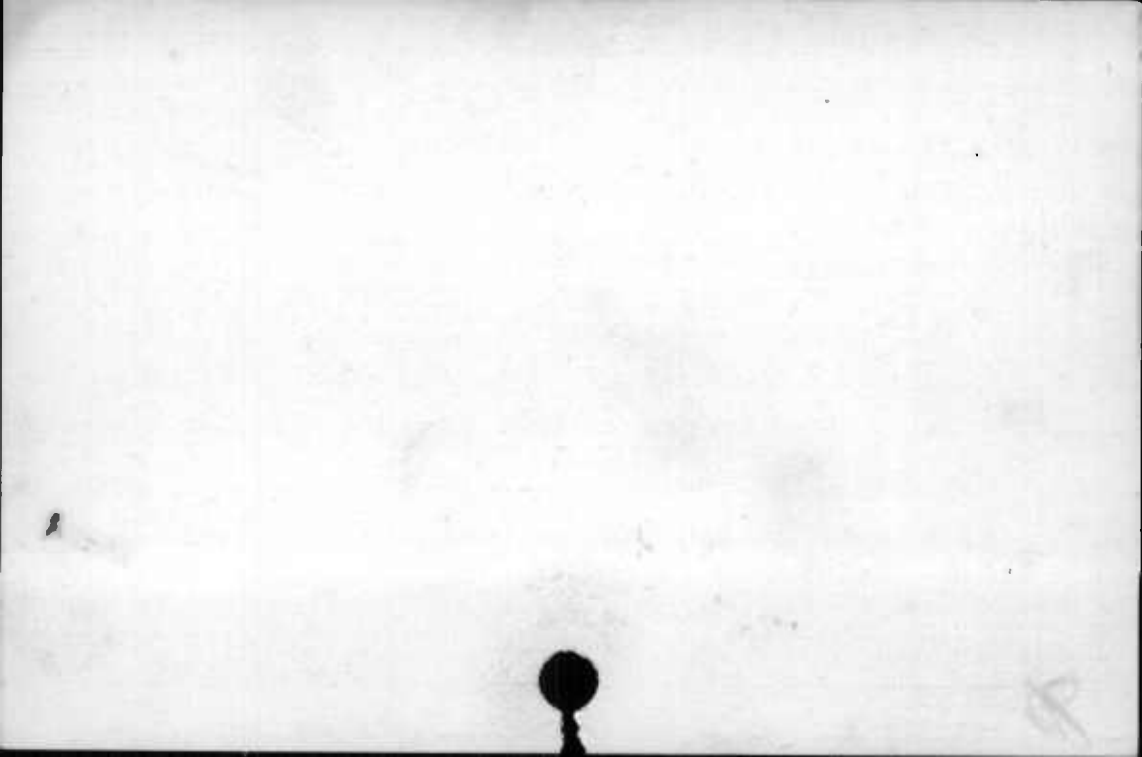
## CAUSES OF DEATH

Primary *Tuberculosis* How long *10 years*

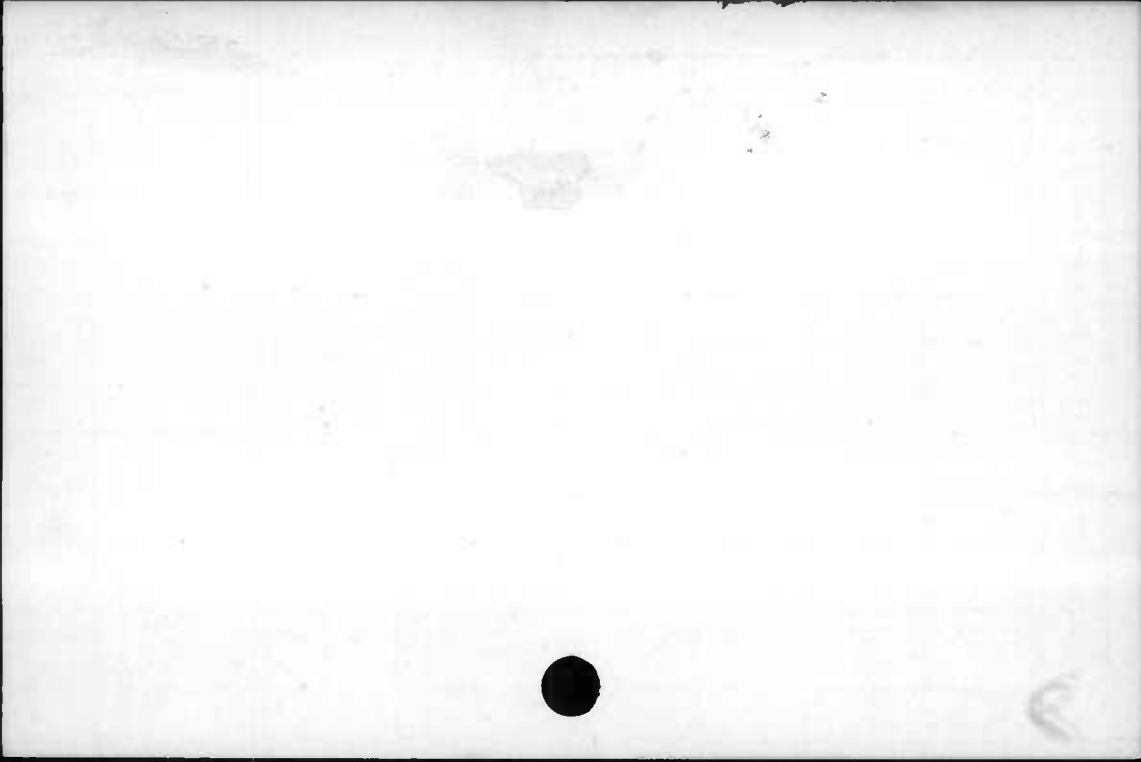
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *A. S. [Signature]*Address *East New Market Md*

Accident or Suicide?



Name in Full <b>Sarah Wilson</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Town</b> <b>Lakesville</b>		County <b>Dorchester</b>		<b>MARYLAND</b>
	Date of death <b>1906</b>	Month <b>Nov</b>	Day <b>11</b>	Years <b>4</b>	Months <b>5</b>
	Sex <b>Female</b>		Color or Race <b>Negro</b>		Birth-place <b>Ind</b>
	Occupation <b>None</b>		Where Residing if not at place of death		
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband			
	Father's Name <b>Charles Wilson</b>	Father's Birthplace <b>Ind</b>			
	Mother's Maiden Name <b>Nancy Wilson</b>	Mother's Birthplace <b>Ind</b>			
Name of person giving information <b>Charles Wilson</b>		How related to deceased <b>Father</b>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		<b>116</b>		How long <b>36 hours</b>
	Immediate <b>Peritonitis</b>				How long
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>E. A. Pinner</b>		
			Address <b>Bridgeport, Ind</b>		
	Accident or Suicide?				





Name in Full <i>Wm H. Wilson</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death		Month		Day		Years	
1906		Nov		4th		Age 30	
Sex		Color or Race		Birthplace		Months	
Male		Colored		Virginia		Days	
Occupation		Where Residing If not at place of death					
General Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married							
Father's Name		Father's Birthplace					
		Virginia					
Mother's Maiden Name		Mother's Birthplace					
		Virginia					
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
Primary		Pulmonary Tuberculosis		How long		3 months	
Immediate		Asthma		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. E. Reynolds M.D.	
				Address		Cambridge Md	
Accident or Suicide?							

LeCompte & Harper

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Wesley Burgoyne Woodland		Dorchester		MARYLAND	
Died at <sup>Town</sup> Fishing Creek		<sup>County</sup> Dorchester			
Date of death 1906		Month Nov	Day 10	Age 50	Months 11
Sex male		Color or Race white		Birth-place Dorchester	
Occupation Supervisor of Roads		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband			
Father's Name Henry C Woodland		Father's Birthplace Dorchester Co			
Mother's Maiden Name Letitia Travers		Mother's Birthplace Dorchester Co			
Name of person giving information Henry C Woodland Jr		How related to deceased brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis (condition not suspected) uraemia	How long	6 hours
Immediate	uraemia, convulsions	How long	6 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. H. Houston M.D.	
		Address Fishing Creek Md.	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND
	Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>3rd</u>	Years <u>64</u>	Months <u>—</u> Days <u>—</u>
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth place <u>Dorchester Co</u>	
	Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>		
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thos. Woolford</u>			
	Father's Name <u>Durham Baltimore</u>	Father's Birthplace <u>Dorchester Co</u>			
	Mother's Maiden Name <u>Mary Baltimore</u>	Mother's Birthplace <u>Dorchester Co</u>			
	Name of person giving information <u>Jem Woolford</u>		How related to deceased <u>Son</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Chronic Nephritis</u>		How long <u>64</u>	
	Immediate	<u>Cerebral Hemorrhage</u>		How long	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dexter P. Reynolds MD</u>		
			Address <u>Cambridge Md</u>		
	Accident or Suicide?				

Le Compt. de Harper